## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where ap inc ma

appropriate. All further indicated unless correcte maintenance fee notifical	ed below or directed oth	erwise in B	lock I, by (a	a) specifying a new co	orresp	ondence address	; and/or	(b) inai	caung a sep	arate F	EE ADDKE	:55" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
23117	7590 04/08	/2009				\ Cei	rtificate	of Mail	ing or Trans	mission			
NIXON & VANDERHYE, PC 901 NORTH GLEBE ROAD, 11TH FLOOR ARLINGTON, VA 22203						I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
,	,				Γ							or's name)	
						·					(5	Signature)	
												(Date)	
APPLICATION NO.	ON NO. FILING DATE		FIRST NAMED INVEN			TTOR ATTORNEY DOCKET NO				CONFIRMATION NO.			
10/536,802	10/536.802 09/22/2005			Tsukasa Seya			GRT/1035-591			4531			
TITLE OF INVENTION	: NOVEL ADAPTOR P	ROTEIN TH	IAT BINDS	TO MAMMALIAN T	OLL-	LIKE RECEPTO	)R 3, A	ND GEN	IE THEREO	<b>'</b>			
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSU	E FEE	TOTA	L FEE(S) DUI		DATE DU	Ē.	
nonprovisional	NO	NO \$1510				\$0 <b>06/23/2</b> 6	309 AWC	NDAF2	\$1810 AF2 <b>00000059 10</b> 5		07/08/200 <b>2</b>	19	
EXAM	ART UNIT		CLASS-SUBCLASS		01 FC:15					0.00 OP			
HAMUD,	1647		435-069100  2. For printing on the p		02 FC:15	504			30	0.00 OP 5.00 OP			
CFR 1.363).  Change of correspondence address (or Change of Correspondences form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication for PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cunumber is required.				or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to							nderhye		
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PR	INTED ON	THE PATENT (print of	or typ	e)						<i>a.</i>	
PLEASE NOTE: Uni recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Com	ified below, eletion of thi	no assignee s form is NO	data will appear on t oT a substitute for filin	he pa g an a	tent. If an assign ssignment.	nee is io	dentified	below, the	locumen	it has been	filed for	
(A) NAME OF ASSI	(B) RESIDENCE: (CITY and STATE OR COUNTRY)												
JAPAN SCIEN	Saita	ma,	Japan										
Please check the appropr	riate assignee category or	categories (	will not be p	rinted on the patent) :	٥	Individual 🗓 C	Corporat	ion or otl	her private g	oup enti	ty 🔲 Gov	ernment	
4a. The following fee(s)	are submitted:		4	b. Payment of Fee(s):		se first reapply a	ny prev	viously p	aid issue fee	shown	above)		
Issue Fee						1. Form PTO-203	8 is atta	ached.					
Advance Order	The Director is he	The Director is hereby authorized to charge the required fee(s), any deficiency, or crec overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of the contract							iny form).				
5. Change in Entity Sta	tus (from status indicate	d above)						<u> </u>					
a. Applicant claim	s SMALL ENTITY stat	us. See 37 C	FR 1.27.	☐ b. Applicant is no									
NOTE: The Issue Fee an interest as shown by the	nd Publication Fee (if records of the United St	uired) will nates Patent a	ot be accepte nd Trademarl	ed from anyone other t k Office.	han th	ne applicant; a reg	gistered	attorney	or agent; or	the assig	nee or other	party in	
Authorized Signature	10		>			Date	June	22,	2009				
Typed or printed nam			Registration										
This collection of inform an application. Confiden submitting the complete	nation is required by 37 ( stiality is governed by 33 d application form to th	FR 1.311. 7 5 U.S.C. 122 e USPTO. T	The informati and 37 CFR ime will var	on is required to obtain 1.14. This collection by depending upon the	n or re is esti indiv	etain a benefit by imated to take 12 idual case. Any c	the pub minute commen	lic which s to com ts on the	n is to file (an plete, include amount of the	nd by the ing gathe ime you	USPTO to ering, prepa require to	process) ring, and complete	

T this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.